

Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

MAY 1 7 2017

Olympus Medical Systems Corporation Ms. Laura Storms-Tyler Director, Regulatory Affairs & Quality Assurance Olympus America, Inc. 3500 Corporate Parkway, P.O. Box 610 Center Valley, PA 18034-0610

Re: K070983

Trade/Device Name: XBF-UC180F-DT8 Ultrasonic Bronchofibervideoscope

Regulation Number: 21 CFR 892.1550

Regulation Name: Ultrasonic pulsed doppler imaging system

Regulatory Class: Class II Product Code: PSV, IYN, ITX

Dated: May 29, 2007 Received: May 31, 2007

Dear Ms. Storms-Tyler,

This letter corrects our substantially equivalent (SE) letter of July 5, 2007 and our subsequent corrected SE letter of July 27, 2015.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet

address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go

to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet

address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely,

Eric A. Mann -S 2017.05.17 14:13:13 -04'00'

for Malvina B. Eydelman, M.D.
Director
Division of Ophthalmic and Ear, Nose and Throat Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

4.3.1 Diagnostic Ultrasound Indications for Use Form

ドクフゥタナ3 OLYMPUS XBF- UC180F-DT8 ULTRASONIC BRONCHOFIBERVIDEOSCOPE used with the ALOKA SSD-Alpha 5/10 ULTRASOUND SYSTEM

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application			Mode of Operation								
General (Track I only)	Specific (Tracks I & III)	Α	В	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (Spec.)	Other (Spec.)	
Ophthalmic	Ophthalmic										
•	Fetal										
	Abdominal			\Box							
	Intra-operative (specify)										
	Intraoperative (Neuro.)										
Fetal Imaging	Laparoscopic										
& Other	Pediatric										
	Small Organ (specify)										
	Neonatal Cephalic										
	Adult Cephalic										
	Trans-rectal										
	Trans-vaginal	<u> </u>									
	Trans-urethral		ļ								
	Trans-esoph. (non-Card.)	<u> </u>	N	N	N		N	N	(Note 2)		
	Musculo-skel. (Convent.)										
	Musculo-skel. (Superfic.)	<u> </u>		<u> </u>							
	Other (spec.)	1	N	N	N	ĺ	N	N	(Note 2)		
_	(Note 1)	 			<u> </u>			·			
_ ·	Cardiac Adult	<u>.</u>		<u> </u>		ļ					
Cardiac	Cardiac Pediatric	<u> </u>						<u> </u>	<u> </u>		
	Trans-esophageal (card.)	<u> </u>		<u> </u>		<u> </u>		<u> </u>			
*	Other (spec.)	<u></u>						<u> </u>	1		
Peripheral	Peripheral vessel	1	L	<u> </u>							
Vessel	Other (spec.)	<u> </u>				1					

N= new indication; P= previously cleared by FDA; E= added under Appendix E

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Note 1: Specification for "Other":

Airways and tracheobronchial tree.

Note 2: "Combined mode operation" includes: B/M,B/PWD,B/CD/PWD

(Division Sign-Off)

Division of Reproductive, Abdominal and

Radiological Devices

510(k) Number

4.3.1 Diagnostic Ultrasound Indications for Use Form

K070983 7.5 MHz linear array transducer used with the ALOKA SSD-Alpha 5/10 ULTRASOUND SYSTEM

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation								
General (Track I only)	Specific (Tracks I & III)	Α	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic		1							
	Fetal							<u> </u>		
	Abdominal									
	Intra-operative (specify)				<u> </u>			ļ		<u> </u>
	Intraoperative (Neuro.)	<u> </u>							ļ	ļ
Fetal Imaging	·Laparoscopic	<u> </u>	1					<u> </u>	<u> </u>	<u> </u>
& Other	Pediatric	<u> </u>	<u>!</u>						 	
	Small Organ (specify)		<u> </u>	<u> </u>		ļ	ļ		ļ	ļ
	Neonatal Cephalic	<u> </u>	! _	<u> </u>	<u> </u>	 		ļ	ļ	ļ
	Adult Cephalic	<u> </u>	!			<u> </u>				-
	Trans-rectal	<u> </u>	; ; -	.	<u> </u>	 		<u> </u>	 	
	Trans-vaginal	1	:	ļ	<u> </u>				<u> </u>	ļ
	Trans-urethral	<u> </u>	<u>!</u>	<u> </u>	ļ	ļ			4	
	Trans-esoph. (non-Card.)	1_	∮ P	P	P		Р	Р	(Note 2)	ļ
	Musculo-skel. (Convent.)	1	-	<u> </u>	 	 			1	ļ <u>.</u>
	Musculo-skel. (Superfic.)	 	:	<u> </u>		<u> </u>		<u> </u>	(1)	
	Other (spec.) (Note 1)		P	P	Р		Р	Р	(Note 2)	
	Cardiac Adult		1			I				<u> </u>
Cardiac	Cardiac Pediatric		1				<u> </u>			
	Trans-esophageal (card.)			<u> </u>	<u> </u>	ļ	<u> </u>			ļ
	Other (spec.)		1	<u> </u>						
Peripheral	Peripheral vessel									1
Vessel	Other (spec.)				l				.]	

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments.

Note 1: Specification for "Other" :

Airways and tracheobronchial tree.

Note 2: "Combined mode operation" includes: B/M,B/PWD,B/CD/PWD

(Division Sign-Off)

Division of Reproductive, Abdominal and

Radiological Devices

510(k) Number _

510(k) SUMMARY

JUL - 5 2007

March 26, 2007

1 General Information

XBF-UC180F-DT8

SSD-Alpha 5 / 10

4.2.1

Manufacture's Name:

OLYMPUS MEDICAL SYSTEMS

ALOKA CO., LTD.

CORP.

HINODE PLANT

Address:

34-3 Hirai Hinode-Machi.

6-22-1, Mure Mitaka-Shi,

Nishitama-gun, Tokyo

190-0182, Japan

Tokyo 181-8622, Japan

Corresponding Official:

Laura Storms-Tyler

Executive Director

Richard J Cehovsky RA/QA Coordinator

Regulatory Affairs & Quality

Assurance

Address:

Olympus America Inc.

3500 Corporate Parkway

PO Box 610

Center Valley, PA 18034-0610.

ALOKA CO. LTD USA

10 Fairfield blvd.

Wallingford, CT 06492

Telephone:

484-896-5688

203-269-5088

Facsimile:

484-896-7128

E-mail:

Laura.storms-tyler@olympus.com

Applicant's Name:

OLYMPUS MEDICAL SYSTEMS

CORP.

Address:

2951 Ishikawa-cho, Hachioji-shi,

Tokyo, Japan 192-8507

4.2.2

Initial Distributor

Name/Title/Firm:

Olympus America Inc.

Address:

3500 Corporate Parkway

PO Box 610

Center Valley, PA 18034-0610,

Telephone:

484-896-5688

2 Device Identification

■ Device Trade Name:

OLYMPUS XBF-UC180F-DT8 ULTRASONIC BRONCHOFIBERVIDEOSCOPE used with the ALOKA SSD-Alpha 5/10 ULTRASOUND SYSTEM

Common Name:

Ultrasonic Endoscope

Regulation Number:

892.1570 Diagnostic Ultrasound Transducer

892.1550 Ultrasonic Pulsed Doppler Imaging System

876.1500 Endoscope and Accessories

■ Regulatory Class:

II

■ Product Code:

90-ITX/78-KOG/90IYN

3 Predicate Device Information

Ultrasonic Endoscope

Subject device	Predicate deviçe					
	Name	Control number				
XBF-UC180F-DT8	BF-UC160F-OL8	K042140				
ULTRASONIC	EVIS EXERA ULTRASONIC					
BRONCHOFIBERVIDEOSCOPE	BRONCHOFIBERVIDEOSCOPE					
SSD-Alpha 5	ALOKA SSD-ALPHA 5	K041916				
	ULTRASOUND SYSTEM					
SSD-Alpha 10	ALOKA SSD-ALPHA 10	K043196				
	ULTRASOUND SYSTEM					

4 Device Description

OLYMPUS XBF- UC180F-DT8 ULTRASONIC BRONCHOFIBERVIDEOSCOPE has been designed to be used with the SSD-Alpha5 (K041916) and SSD-Alpha10(K043196) diagnostic ultrasound systems (ALOKA CO.,LTD.), video system center, light source, documentation equipment, display monitor, and endo-therapy accessories such as aspiration blopsy needle. The subject device is designed for endoscopic real-time ultrasound imaging, for performing endoscopic ultrasound (EUS) guided fine needle aspiration (FNA) within the airway, tracheobronchial tree, esophagus, and surrounding organs.

5 Indications for Use

The indications for use of OLYMPUS XBF- UC180F-DT8 ULTRASONIC BRONCHOFIBERVIDEOSCOPE used with the ALOKA SSD-Alpha 5/10 ULTRASOUND SYSTEM are as follows:

- Transesophageal(non-cardiac)
- Airways and tracheobronchial tree

6 Comparison of Technological Characteristics

When the OLYMPUS XBF- UC180F-DT8 ULTRASONIC BRONCHOFIBERVIDEOSCOPE used with the ALOKA SSD-Alpha 5/10 ULTRASOUND SYSTEM is compared to its predicate device, the device does not incorporate any significant changes in its intended use, method of operation, material or design that could affect the safety and effectiveness, Technological characteristics of ALOKA SSD-ALPHA 5/10 ULTRASOUND SYSTEM is identical to the predicate devices identified in above item 3.